

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012538

State File No.

FILED MAR 21 1958

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3029

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 24 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor				d. STREET ADDRESS (If rural, give location) 1610 3400 S. Grand Bl.				
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) _____ c. (Last) Zumtag			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1958.					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Jan. 9, 1874	9. AGE (In years last birthday) 84 yrs.	10. UNDER 1 YEAR Months 2	11. UNDER 1 HR. Hours 5 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Valentine Zumtag			13b. MOTHER'S MAIDEN NAME Walburga Baumgardner		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Marie Jean, 3400 S. Grand Bl.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease arteriosclerotic heart disease ANTECEDENT CAUSES Gen. arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH yes yes	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from 7/1/58 , 19 58 , to 3/14/58 , 19 58 , that I last saw the deceased alive on 3/13/58 , 19 58 , and that death occurred at 1 A. M. , from the causes and on the date stated above.								
23a. SIGNATURE R. Mezera <i>R. Mezera</i>				23b. ADDRESS 8059 Watson Rd. <i>8059 Watson Rd.</i>		23c. DATE SIGNED 3/14/58		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/17/58.		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAR 15 '58		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken Mortuary 2630 Gravois Av. <i>Gebken Mortuary</i>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert J. Gibbons

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.